

from applicants about the length and complexity of the process. The 45-day model is 45 workdays or 9 weeks. Furthermore, agencies still require too much information up front from candidates instead of an approach that requires more information as the employee moves through the process.

Agencies need to adapt, just as the private sector has, to the culture of the next generation of Federal workers. Candidates should receive timely and informative feedback. Candidate-friendly applications that welcome cover letters and resumes should be implemented. And, more pipelines into colleges and technical schools need to be developed to recruit candidates with diverse backgrounds.

Witnesses from the hearing were committed to improving the process offered many recommendations to help agencies. However, these recommendations are not new and I am concerned that their efforts may be too little, too late. Agencies have the existing authorities to streamline their processes and some are already doing so, but it is not enough.

I am convinced that only through agency leadership that prioritizes this issue will any meaningful reforms take place. I will continue to press this administration to address this issue, and I encourage the next administration to take on the challenge of reforming the recruitment and hiring process to ensure that the Federal workforce is the greatest workforce in the world.

MEDICARE

Mr. BURR. Mr. President, for the last 8 weeks, a group of Republican Senators, led by Senator VITTER, have come to the floor to talk about health care. Thus far Senators VITTER, THUNE, ISAKSON, and DEMINT have spoken about health care particularly the choice we are facing this November in electing our next President. I don't think there has ever been such a clear difference in opinions between parties on an issue that issue is health care.

One side would like the Government to run health care. The other side would like to give individuals and families the resources to access their own health care that they can control and take with them from job to job. In a nutshell—big government v. individual and family choice.

This week I am responsible for talking about the most tangible area we see this dichotomy—Medicare. Under Medicare, beneficiaries either have fee-for-service or Medicare Advantage. The Government sets prices and makes coverage decisions under fee-for-service. Multiple private sector companies offer comprehensive coverage under Medicare Advantage. But the best example of individual choice and private sector competition is seen under Medicare's drug benefit—Part D. Let me first talk about Medicare Advantage.

In 2008, Medicare Advantage plans are offering an average of approxi-

mately \$1,100 in additional annual value to enrollees in terms of cost savings and added benefits. Some examples of extra benefits available through Medicare Advantage plans are; No. 1, coordination of care; No. 2, special needs services; No. 3, predictability in out-of-pocket costs; No. 4, reduced cost-sharing for Medicare covered services; and No. 5, vision and dental benefits.

Competition in the Medicare Advantage Program has created significant value for beneficiaries. Medicare Advantage enrollees typically benefit from reduced cost-sharing relative to FFS Medicare. All regional PPO enrollees have the protection of a required catastrophic spending cap and a combined Part A and B deductible. Sixty-seven percent of plans have coverage for eye glasses. Eighty-three percent have coverage for routine eye exams. Eighty-six percent cover additional inpatient acute care stay days. Ninety percent waive the 3-day hospital stay requirement for skilled nursing facility care.

Many Medicare Advantage plan enrollees also receive basic Part D prescription drug coverage at a lower cost than stand-alone Part D plans can provide. Enrollees in Medicare Advantage plans that include Part D coverage save money on drug coverage in two ways: No. 1, Medicare Advantage plan drug premiums for basic coverage in 2008 were, on average, about \$6 less than average Part D premiums for basic coverage; and No. 2, the Medicare Advantage payment structure allows Medicare Advantage with Part D to use rebates to further reduce Part D premiums. On average, Part D premium savings from rebates was more than \$16 per month in 2008. In 2007 it was reported that 99 percent of Medicare beneficiaries have access to Medicare Advantage plans with zero added premiums, while 86 percent have access to plans that would cover prescription drugs with a zero premium through Medicare Advantage.

Some say Medicare Advantage is not needed because Medicare meets all the needs of the beneficiaries, but if this was true, millions of seniors would not purchase supplemental Medigap coverage to add benefits and pick up some costs. If Medicare Advantage plans were no longer available to those currently enrolled, 39 percent of the beneficiaries would go without supplementary coverage because they could not afford it. According to the NAACP, Medicare Advantage plans have been able to provide low income beneficiaries more comprehensive benefits and lower cost-sharing than if they just had Medicare alone.

Medicare Advantage enrollees report on their experience in Medicare Advantage plans through the Consumer Assessment of Health Plan Survey, CAHPS. Scores from CAHPS are consistently high. Eighty-six percent of respondents give their plan a rating of 7 or higher, on a scale of 10. Ninety per-

cent of respondents indicated that they usually or always received needed care. And 88 percent of respondents indicated that they usually or always received care quickly.

As I said earlier, the greatest example of individual choice and private sector competition is found in Medicare Part D. The overall projected cost of the drug benefit is \$117 billion lower over the next 10 years than was estimated last summer due to the slowing of drug cost trends, lower estimates of plan spending, and higher rebates from drug manufacturers. Compared to original Medicare Modernization Act projections, the net Medicare cost of the new drug benefit is \$243.7 billion, or 38.5 percent, lower over the 10-year period, 2004 to 2013.

Ninety percent of Medicare beneficiaries in a stand-alone Part D prescription drug plan, PDP, will have access to at least one plan in 2008 with lower premiums than they were paying in 2007. In every State, beneficiaries had access to at least one prescription drug plan with premiums of less than \$20 a month. The national average monthly premium for the basic Medicare drug benefit in 2008 is projected to average roughly \$25. Seventeen organizations will offer stand-alone prescription drug plans nationwide in 2008.

Beneficiaries had a wide range of plans from which to choose—some that have zero deductibles and some that offer other enhanced benefits, such as reduced deductibles and lower cost sharing. There also are options that cover generic drugs in the coverage gap for as low as \$28.70 a month; nationwide, beneficiaries in any State can obtain such a plan for under \$50 a month.

Consumer satisfaction with the Part D benefit is very high: Wall St Journal/Harris Interactive, December 2007—87 percent satisfied; VCR Research/Medicare Rx Network, November 2007—83 percent satisfied; KRC/Medicare Today, October 2007—89 percent satisfied; and 90 percent of dual eligible beneficiaries and 85 percent of beneficiaries with limited incomes are satisfied. Both the KRC and VCR survey show that satisfaction is increasing 10 to 12 percent over the past 2 years and that 65 percent to 77 percent say that their Medicare plan is saving them money.

Our experience with the Medicare Advantage and Part D drug plan shows one thing—competition and choice works. Under Part D we have true competition—private plans bidding against one another and driving down the price of drug benefit packages to seniors. Seniors can go onto Medicare.gov and select the plan that best suits their needs for drugs, copays, pharmacy locations, and the overall premium. As I described earlier—premiums are more reasonable than we predicted and satisfaction is very high—competition and choice works.

Under Medicare Advantage we have competition-lite. Plans compete for beneficiaries, but Medicare Advantage reimbursement is tied to Medicare fee-

for-services rates in an area. People love to talk about how Medicare Advantage plans are reimbursed too much, but unfortunately that rally cry is based off a study that did not compare apples to apples. If you compare the cost of delivering Part A and B services alone, Medicare Advantage plans are only paid 2.8 percent more than Medicare FFS. I am comfortable paying 2.8 percent more because seniors have more choices, they receive more comprehensive benefits, and their care is coordinated under Medicare Advantage plans. Medicare Advantage plans actually match treatments with diseases and maintenance care with chronic conditions.

Senator COBURN and I want to move Medicare Advantage from competition-lite to full competition. We will be introducing a bill in the coming weeks that will force Medicare Advantage plans to truly compete against each other on price. Medicare Advantage plans already compete on service and quality under our bill they will have to taken lessons from Part D drug plans and compete on price.

If you have been listening from the beginning, you hopefully understand how effective competition and choice have been in two parts of the Medicare program. And you understand why I want that same robust health care competition and choice for every American. Every American deserves access to quality, affordable health care of their choice and competition between health care plans will help achieve that goal.

REBUILDING AMERICA'S IMAGE

Mr. DORGAN. Mr. President, our go-it-alone foreign policy over the last 8 years has severely damaged our image and stirred up anti-American sentiment around the world. We have lost the international goodwill we had following the terrorist attacks of September 11, 2001, and the failed strategy of the war in Iraq has cost us a good number of allies.

A worldwide survey conducted last year of 28,000 people, asking them to rate 12 countries, put the United States at the bottom, along with Iran and Israel, when it comes to having the world's most negative image. In fact, even North Korea ranked higher than the United States in that survey. Another survey found that our favorability rating around the world dropped considerably from 2000 to 2006. For example, in Germany, we went from a favorability rating of 78 percent in 2000 to 37 percent in 2006. In Spain, only 23 percent of people have a favorable opinion of the United States. I could go on and on, but I don't think anyone can dispute the fact that our image and credibility in the world has dropped dramatically. This negative trend hurts us. It makes it more difficult to implement our foreign policy, and even threatens our national security by making the United States a target.

With that being said, as the most powerful country in the world we still have an unprecedented opportunity to both help those in less fortunate countries and help our country regain the moral authority we once held.

A lot of interesting ideas have been proposed to repair our damaged image. Some of the most creative suggestions have come from students, such as the paper I recently received from Occidental College in Los Angeles. That paper makes recommendations for United States policy changes on issues like the war in Iraq, oil and energy issues, and illegal immigration, just to name a few. Calling for the United States to lead rather than dominate, to be a beacon more than a bullhorn, this paper presents a possible path to help repair our standing in the international community. I don't agree with everything in the paper, but it is full of interesting ideas that can make a difference. It is encouraging to see that the youth of this country have taken a serious interest in our country's image. I encourage my colleagues on both sides of the aisle to take a serious look at this and other proposals to see what Congress can do to help ensure that future generations inherit a government that is well respected throughout the world.

It is my hope that with the new administration, our country will be able to turn the page of the past 8 years and focus on a foreign policy that is more constructive. I look forward to working with my colleagues and the next President to make this happen.

AMERICA'S FOSTER CARE CHILDREN

Mr. NELSON of Nebraska. Mr. President, I rise today, during National Foster Care Month, to speak for the more than a half million children living in foster care across the United States who are waiting for a loving family to adopt them.

I encourage potential parents throughout our country to open their hearts, their lives and their homes to these vulnerable children and provide them with the safe, permanent families that all children deserve. As an adoptive parent myself, I know first-hand the joy and fulfillment adoption can bring to a family, and I cannot think of a more perfect gift to give a child than the love, nurturing, and protection they need to grow.

A sense of stability is critical to the development of children. Yet, young children in foster care never know how long they will stay in one place or where they will be sent off to next, resulting in a frightening lack of consistency and security.

I recently had the chance to meet with Aaron Weaver, a young man from Nebraska, who shared with me some of his experiences in the foster care system: "Growing up in foster care, a tattered yellow vinyl suitcase always accompanied me, as I switched families, rules and routines," he said.

I hated that suitcase. It was a constant reminder of how unstable my life was, and how every day was uncertain.

Fortunately, after 6 years in Nebraska's foster care system, Aaron was finally adopted. Adoption for him meant a family who gave him unconditional love. Adoption meant the end of packing his suitcase, wondering where he would be placed next. Adoption gave him, for the first time, the freedom and confidence to think about his future not in terms of where he would be sleeping next month, but in terms of what his goals were and where he wanted to go in life.

In 2005, just 10 percent of Nebraska's foster care children were lucky enough to be adopted into new families like Aaron's, leaving nearly a thousand more waiting eagerly for adoptive homes. Unfortunately, any chance of these children being placed with adoptive parents becomes worse the longer they remain in foster care. In fact, when a child reaches the 8- to 9-year age range, the probability that child will continue to wait in foster care exceeds the probability that he or she will be adopted; and the number of children in this older age group is growing.

The Adoption Incentive Program, a Federal program first enacted into law as part of the Adoption and Safe Families Act of 1997, is up for reauthorization this year. This important program encourages State governments to find permanent homes for foster children through adoption by rewarding those States which have increased their number of placements. Additionally, the program provides special incentives to focus on finding homes for older foster children and those with special needs. I am proud to report that, through this program, my home State of Nebraska was awarded \$1,392,000 between 2000 and 2006 for finding adoptive families for 2,483 children, money which will be re-invested to make this number even greater.

I believe we have a responsibility to help foster children in Nebraska and across the Nation join loving, permanent adoptive families such as Aaron's. I hope all of you agree and will join me in my commitment to improving America's foster care system.

Mr. BUNNING. Mr. President, today I wish to recognize May as National Foster Care Month. I salute the thousands of families in Kentucky and throughout the country who serve as foster parents, along with those who expand their families by adopting a child from the foster care system. Unfortunately, not every child finds a home. In 2005, more than 24,000 foster children reached their 18th birthdays without being adopted. As these young adults aged out of the foster care program, they faced many of life's challenges without the family support and encouragement that many of us take for granted. With over a half million children currently in our Nation's foster care system, it is imperative that we do all that we can to ensure that they